

# 21st Annual Blue Angel Marathon Entry Form

## February 28, 2004

- ☐ \$40 **Marathon** (age 14 & up) Pre-entry   
 ☐ \$50 after 2/14   
 ☐ \$65 Race Day- Before 6 am   
 ☐ Wheelchair Division  
☐ \$35 **Half Marathon** (any age) Pre-entry   
 ☐ \$45 after 2/14   
 ☐ \$60 Race Day- Before 6 am   
 ☐ Wheelchair Division  
☐ \$150 **Marathon Team (5 rnrns)** Pre-entry   
 ☐ \$160 after 2/1 (No Team entries after 2/14)  
☐ \$15 **5K Run** Pre-entry   
 ☐ \$20 after 2/14   
 ☐ \$25 Race Day   
 ☐ Wheelchair Division

**Note: Incomplete application can void registration.**

LAST NAME			FIRST NAME			M I		
STREET ADDRESS (include APT# and/or C/O)								
CITY			STATE			ZIP		

Circle All That Apply:	Civilian	Military	Installation:			
		Active	Rate/Rank	USA	USN	USAF
		Retired		USMC	USCG	NG
Male	Age On Day	Reserve				
Female	Of Race					

Phone #:	E-Mail or FAX:	Shirt Size	S   M   L   XL
Pasta Dinner Friday, Feb 27, 2004	Number to Attend: (Enclose \$8 per person)	Circle Size. Shirts guaranteed to first 1000 paid entries only	

Team Name:		
Civilian Team	Military Championship Team	Military Installation Team (Same installation)

Team Captain

Team Members: (Attach completed application form for each team member)

Rt/Rnk	Last Name	First Name	Age	M/F

I know that running a marathon/road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I, the undersigned hereby remise, release, and forever discharge the United States of America and all agents, representatives and employees thereof, and their successors from any and all claims and damages whatsoever which I, my heirs, their executors and administrators have or may have against the said United States of America, its agents, representatives or employees, by reason of any damages or injuries which may be incurred by myself while running this race or in any activities sponsored by this race. I agree that if administered aid in a medical facility, I will pay the current published rates for this aid. I understand I will pay a \$40 replacement fee and may be refused entry into other ChampionChip events if I do not return the ChampionChip to the Blue Angel Marathon after the race. I witness whereof, I have here unto set my hand and seal this date.

**NOTE: INFORMATION ON THIS FORM MUST BE COMPLETE FOR RUNNER TO RECEIVE TIME**

Signature	Date
-----------	------

Parent or Guardian if under 18 years of age			Date
<hr/>			
<b>OFFICIAL USE ONLY</b>			
Entry Fee:	# of Dinner Reservations	Runner #	Check #
Mail to: (Payable to MWR/BAM)	BAM, MWR 190 Radford Blvd. Bldg. 632 NAS Pensacola, FL 32508-5217.	Information: (850) 452-3806 x 315, 340, 320 <a href="http://www.naspensacola.navy.mil/mwr">www.naspensacola.navy.mil/mwr</a>	